

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
**09/701536**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	4		↓			↓
TOTAL DEP.	30	↔		↔		↔
TOTAL CLAIMS	34	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓			↓
TOTAL DEP.			↓			↓
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS